



**DISPOSITION OF PAYMENTS AND SECURITIES
 FOR NONADMINISTERED ESTATE**

SEE INSTRUCTIONS - TYPE OR PRINT IN INK ONLY - NO ALTERATIONS OR CORRECTIONS

1. ACCOUNT IDENTIFICATION	(LIST ALL ACCOUNTS IN WHICH THE DECEDENT HAD WHOLE OR PARTIAL INTEREST.)	FOR DEPARTMENT USE
		DOCUMENT AUTHORITY
		APPROVED BY
		DATE APPROVED

2. ESTATE INFORMATION	(ATTACH A CERTIFIED COPY OF THE DEATH CERTIFICATE.)
DECEDENT'S NAME: _____	
STATE OF LEGAL RESIDENCE: _____	
VALUE OF PERSONAL ESTATE: _____ DID THE DECEDENT LEAVE A WILL? YES NO (ATTACH THE ORIGINAL OR A TRUE COPY OF THE WILL)	

3. EXPENSES AND DEBTS	(LIST THE PERSONS WHO RENDERED SERVICES DURING THE LAST ILLNESS OR DEATH OF THE DECEDENT.)
PROVIDER OF SERVICE	NATURE OF SERVICE
TOTAL BILL	AMOUNT PAID
SOURCE OF FUNDS	
_____	_____
_____	_____
_____	_____
_____	_____

4. INTEREST IN ESTATE	(LIST THE PERSONS WHO HAVE ANY INTEREST IN THE PERSONAL ESTATE OF THE DECEDENT.)
NAME	RELATIONSHIP/INTEREST
AGE (if under 21)	ADDRESS
TELEPHONE	
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

THE PERSONS LISTED ABOVE WHO ARE UNDER LEGAL DISABILITY ARE:

NAME	NATURE OF DISABILITY	NAME AND ADDRESS OF LEGAL REPRESENTATIVE
_____	_____	_____
_____	_____	_____
_____	_____	_____

5. DISPOSITION OF SECURITIES AND PAYMENTS

TreasuryDirect SECURITIES AND PAYMENTS SHOULD BE DISTRIBUTED AS FOLLOWS:

AMOUNT	CUSIP	PERSON ENTITLED	TAXPAYER IDENTIFICATION NUMBER
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

6. AUTHORIZATION

YOU **MUST** WAIT UNTIL YOU ARE IN THE PRESENCE OF A CERTIFYING INDIVIDUAL TO SIGN THIS FORM.

UNDER PENALTIES OF PERJURY, WE CERTIFY THAT NO LEGAL REPRESENTATIVE HAS BEEN APPOINTED FOR THE ESTATE DESCRIBED BY ANY COURT AND THAT NO APPLICATION FOR SUCH APPOINTMENT IS PENDING. WE FURTHER CERTIFY THAT ALL INFORMATION PROVIDED ON THIS FORM IS TRUE, CORRECT AND COMPLETE.

SIGNATURES OF APPLICANTS: (Applicants are all persons with an interest in the decedent's estate, including unpaid creditors. These are the persons listed in Item 4.)

7. CERTIFICATION

YOUR SIGNATURE **MUST** BE CERTIFIED BY AN AUTHORIZED CERTIFYING INDIVIDUAL.

Instructions to certifying individual:

1. Name of person(s) who appeared and date of appearance **MUST** be completed.
2. Medallion stamps require an original signature.
3. Certification **CANNOT** be detached from disposition request.

I CERTIFY THAT _____, WHOSE IDENTITY(IES) IS/ARE KNOWN OR PROVEN TO ME,
NAME(S) OF PERSON(S) WHO APPEARED

PERSONALLY APPEARED BEFORE ME THIS _____ DAY OF _____ AT _____
MONTH/YEAR CITY/STATE

AND SIGNED THIS REQUEST.

SIGNATURE AND TITLE OF CERTIFYING INDIVIDUAL

ACCEPTABLE CERTIFICATIONS:
FINANCIAL INSTITUTION'S OFFICIAL SEAL OR
STAMP (SUCH AS CORPORATE SEAL, SIGNATURE
GUARANTEED STAMP, OR MEDALLION STAMP).
BROKERS MUST USE A MEDALLION STAMP.

NAME OF FINANCIAL INSTITUTION

ADDRESS

CITY/STATE

TELEPHONE

Certification by a Notary is NOT acceptable.



INSTRUCTIONS FOR DISPOSITION OF PAYMENTS AND SECURITIES FOR NONADMINISTERED ESTATE

PURPOSE

- Use this form to apply for disposition of *TreasuryDirect* securities and payments representing principal and/or interest on securities held in a decedent's estate which is **NOT** being administered.
- Do not use this form if a legal representative has been or is to be appointed.
- If more space is needed for any item, you may attach a separate sheet with additional information to the form. Be sure to sign any attachments.

WHO MAY APPLY

Applicants will consist of all living competent persons who are entitled to share in the estate under the laws of the decedent's domicile, and any unpaid creditors who have not furnished their consent. If any entitled person survived the decedent and has since died, the legal representative of his estate should be listed as an applicant. If no such representative was appointed, a separate application on PD F 5201 for that estate will be necessary. If any entitled person is under legal disability and a representative for his estate has been appointed, such representative should be listed as an applicant. A legal representative must furnish a court certificate under seal as proof of authority.

IMPORTANT NOTICES

- Only original signatures and forms will be accepted (stamped signatures are not acceptable).
- Unless all the required information is provided legibly, there may be a delay in processing your request. To avoid delays, read the instructions carefully and **print clearly in ink only**. Where spaces are provided, enter one number in each space. **DISPOSITIONS WILL NOT BE ACCEPTED WITH ALTERATIONS OR CORRECTIONS.**

1. ACCOUNT IDENTIFICATION

Provide the ACCOUNT NUMBER(S) for all *TreasuryDirect* accounts held by the decedent.

2. ESTATE INFORMATION

Provide the decedent's name, state of legal residence and the gross value of the decedent's personal estate. If the decedent, at the time of death, was married and lived in a state having community property laws, include the gross value of all personal property owned by the decedent, and the value of the decedent's share of the community property. Do not include insurance which does not become part of the decedent's estate upon death, or property held by the decedent with another in such manner that the survivor became the actual owner upon the death of the decedent.

Also indicate whether the decedent left a will. If the decedent left a will, whether or not it was probated, it must be submitted. If the original will is not furnished, you may submit a certified copy as follows:

- If the original is on file with a court, the copy should be certified under court seal and the certification should show whether the will has been probated and that no representative has been appointed.
- If the original is in the possession of one of the applicants, he/she should swear to such fact and that the copy furnished is a true and correct copy.
- If the original is in the possession of some other person, that person must swear that the copy submitted is true and correct.

Any original submitted will be returned if requested.

3. EXPENSES AND DEBTS

Provide the names of any persons providing service to the decedent during the last illness, death, and burial if the total amount of securities and payments in the estate exceeds \$100. Describe the nature of the service, the total amount charged, the amount paid, and whose funds were used to pay the bill. Any unpaid creditor named in the application must consent to the distribution requested.

4. INTEREST IN THE ESTATE

List the name, relationship to the decedent, age, address, and telephone number of any surviving relative of the decedent as indicated below:

- 1) Husband or wife **AND**
Children (whether by last or former marriage or by adoption) or children of deceased children
OR, if none in class 1,
- 2) Parents, brothers, sisters, and children of deceased brothers and sisters
OR, if none in class 1 or 2,
- 3) Grandparents, uncles, aunts, and children of deceased uncles and aunts.

4. INTEREST IN THE ESTATE, continued

Relationships by half-blood and adoption should be clearly indicated in the relationship column. Specify any persons listed who are under a legal disability (minor or incompetent).

Also list any unpaid creditors not listed previously, any executors and legatees named in the decedent's will, and other persons having an interest in the decedent's personal estate.

5. DISPOSITION OF SECURITIES AND PAYMENTS

List the CUSIP of each security to be distributed, the par amount of the security, the name of the person receiving the security and the taxpayer identification number of that person. In the case of distribution of payments, disregard the CUSIP column and provide the amounts of the payments to be distributed, along with the names and taxpayer identification numbers of the entitled persons.

6. AUTHORIZATION

You must wait until you are in the presence of an authorized certifying officer to sign this form. The form must be SIGNED in ink by all applicants. The applicants are all persons shown in Item 4 to have an interest in the decedent's estate.

7. CERTIFICATION

Certification of all signatures by a certified individual is required. Acceptable certifying individuals include authorized employees of insured depository institutions and corporate central credit unions. Brokers must use a medallion stamp. Certification date and address of financial institution or broker is required. **Please note: Certification by a notary public is NOT acceptable.**

Sample certification for a financial institution:

SIGNATURE GUARANTEED
ABC National Bank
Hillview Branch

Authorized Signature

Acceptable certification for a brokerage:

SIGNATURE GUARANTEED
MEDALLION GUARANTEED
Generic Brokerage

Authorized Signature
XXXXXXXXX
SECURITIES TRANSFER AGENTS MEDALLION PROGRAM

SUBMISSION

Submit this form to any Federal Reserve Bank or Branch, or to the Bureau of the Public Debt. The form may only be used to support a specific disposition request. It will not be accepted to support future transaction requests.

CONTACT

Call us toll-free in the United States at 1-800-722-2678. Outside the U.S.? Call us at (617) 994-5500.

NOTICE UNDER THE PRIVACY AND PAPERWORK REDUCTION ACTS

The collection of the information you are requested to provide on this form is authorized by 31 U.S.C. Ch. 31 relating to the public debt of the United States. The furnishing of a social security number, if requested, is also required by Section 6109 of the Internal Revenue Code (26 U.S.C. 6109).

The purpose for requesting the information is to enable the Bureau of the Public Debt and its agents to issue securities, process transactions, make payments, identify owners and their accounts, and provide reports to the Internal Revenue Service. Furnishing the information is voluntary; however, without the information Public Debt may be unable to process transactions.

Information concerning securities holdings and transactions is considered confidential under Treasury regulations (31 CFR, Part 323) and the Privacy Act. This information may be disclosed to a law enforcement agency for investigation purposes; courts and counsel for litigation purposes; others entitled to distribution or payment; agents and contractors to administer the public debt; agencies or entities for debt collection or to obtain current addresses for payment; agencies through approved computer matches; Congressional offices in response to an inquiry by the individual to whom the record pertains; as otherwise authorized by law or regulation.

We estimate it will take you about 10 minutes to complete this form. However, you are not required to provide information requested unless a valid OMB control number is displayed on the form. Any comments or suggestions regarding this form should be sent to the Bureau of the Public Debt, Forms Management Officer, Parkersburg, WV 26106-1328. **DO NOT SEND completed form to the above address; send to the correct address shown in the instructions.**